SCIENCE WITH MISS "JET" IT'S HIGHLY CLASSIFIED CLASS



Ages 6-12

Do you like to collect rocks, leaves or shells and sort them into groups? Then you could be a future "taxonomist" who is a scientist who groups or classifies organisms. Find out how jellyfish are like an insect and learn the different kingdoms. Observe natural specimens from both land and sea and find out how to create your own collection.

When: Thursday, October 11, 2012

Where: The Franklin Center

Time: 6pm-7pm

Deadline to Register: One Week Prior to Class

Cost: \$13.00 per student

To register: Fill out the back of this form, mail form

and payment to:

Franklin County Parks & Recreation

2150 Sontag Road

Rocky Mount, VA 24151

www.franklincountyva.gov/parks

Please call Jeanette Lawler, instructor, at 540-334-2546 for more information.



<u>Franklin County Parks and Recreation Registration</u> <u>and Liability Waiver Form – 2012 Highly Classified Class</u>

Name		Age
Mailing Address		
City		Z ip
Email Address		
Home Phone:	Work Phone:	Cell Phone:
including the instructions of the requirements of the person or o	e person/or persons superventity responsible for the a	ulations relating to this activity, vising this activity and/or the rea where the activity is to take place. ns, instructions, and/or requirements.
	sponsibility to maintain an	Il condition when I agree in the activity, activity level that is compatible with
the result of participating in thi	s activity and any transpor	or other loss that I might sustain as tation related thereto. I further and from the area where the activity
Franklin, or any officer or empl representatives of such persons of engaging in any activity rela contract, or otherwise: except the County (or its agents) for a gross or wanton negligence of	oyee of the County, or any s for any personal injury or ting to this program wheth that this waiver shall not a liny such personal injury or any such person or entity.	nim I might have against the County of volunteer, or the estate or loss that I might sustain as the result er caused by negligence, breach of apply to any claim I might have against loss I might sustain arising out of I also give permission to be ation to promote Franklin County
Signature:		
I have the following physical im	npairments or medical cond	ditions, including allergic reactions:
Current medications that partic	ipant is taking now:	
Name of Emergency Contact	::	
Emergency Contact Phone N	lumber:	